2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT # 558716** PORT INSURANCE AGENCY, INC. Principal Place of Business Malling Address P.O. BOX 3557 P.O. BOX 3557 FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1807295 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fas Required 6. Name and Address of Current Registered Agent KULBABA, STANLEY J DO NOT WRITE 858 ELLEN DRIVE KEY LARGO,, FL 33037 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000525462 OFFICERS AND DIRECTORS 05/04/06-80035-016 150.00 10. TITLE NAME KULBABA, STANLEY J STREET ADDRESS 858 ELLEN DRIVE KEY LARGO, FL 33037 (37Y-S7-70) TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-TIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CSTY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Cayline Phone #

FILED